

**TRANSMITTAL
FORM**

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OFFICE OF PETITIONS

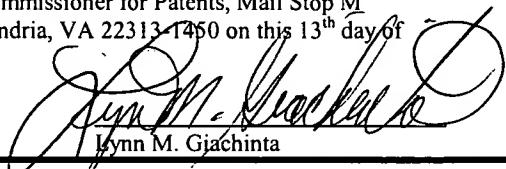
Application Serial Number	09/119,163
Filing Date	July 20, 1998
First Named Inventor	Lu
Group Art Unit	3742
Examiner Name	Paschall
Attorney Docket No.	HYP-043
Patent No.	6,130,399
Issue Date	October 10, 2000

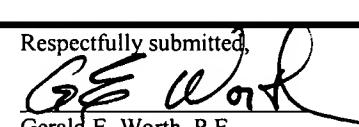
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate)
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	<input checked="" type="checkbox"/> Payment of Deficiency Under 37 CFR § 1.28(c) and Notification Regarding Change in Status
	<input type="checkbox"/> Amendment After Allowance	

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, Mail Stop M Correspondence, P.O. Box 1450, Alexandria, VA 22313-1450 on this 13th day of February, 2006.


Lynn M. Gjachinta

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	Respectfully submitted,  Gerald E. Worth, P.E. Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600

FEE TRANSMITTAL FY 2006 <i>FEB 15 2006</i>		<i>RECEIVED</i>		
		<i>Complete if Known</i>		
		Application Serial Number	09/119,163	
		Filing Date	July 20, 1998	
		First Named Inventor	Lu	
		Group Art Unit	3742	
Examiner Name	Paschall			
Attorney Docket No.	HYP-043			
METHOD OF PAYMENT		FEE CALCULATION (continued)		
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		4. ADDITIONAL FEES		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081		Large Entity Small Entity		
<input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Fee (\$) 130 50 130 2,520 120 450 1,020 1,590 2,160 500 500 1,000 400 180 790	Fee (\$) 65 25 130 2,520 60 225 510 795 1,080 250 250 500 0 180 395	Fee Description Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet Non-English specification Request for ex parte re-examination Extension for reply within 1 st mo. Extension for reply within 2 nd mo. Extension for reply within 3 rd mo. Extension for reply within 4 th mo. Extension for reply within 5 th mo. Notice of Appeal Filing a brief in support of an appeal Request for oral hearing Petitions to the Director Submission of IDS Filing a submission after final rejection (37 CFR 1.129(a)) For each additional invention to be examined (37 CFR 1.129(b)) Certificate of Correction for applicant's error Submission of Terminal Disclaimer
<input type="checkbox"/> Applicant claims small entity status.				
FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	
<i>Small Entity Discount</i>				
1. TOTAL				
2. EXCESS CLAIM FEES				
		Fee	Small Entity Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.		50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.		200	100	
Total Claims		Extra Claims	Fee Paid (\$)	
- 20 or HP =		x \$ _____ =		
HP = highest number of total claims paid for, if greater than 20				
Indep. Claims		Extra Claims	Fee Paid (\$)	
- 3 or HP =		x \$ _____ =		
HP = highest number of total claims paid for, if greater than 3				
Multiple Dependent Claims	Fee (\$)	Small Entity fee (\$)	Fee Paid (\$)	
	360	180		
		2. TOTAL: <input type="text"/>		
3. APPLICATION SIZE FEE				
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
		round up to a whole number		
-100=	0	/50=	x =	0.00
		3. TOTAL: <input type="text"/>		
CORRESPONDENCE ADDRESS				
Direct all correspondence to:				
Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899				
TOTAL AMOUNT SUBMITTED <input type="text"/> (\$795)				
SIGNATURE BLOCK				
Respectfully submitted,  Gerald E. Worth, P.E. Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600				